

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2003 8:00 am
Secretary of State

08-06-2003 90041 024 ****55.00

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DOCUMENT # L00000016150



1. Entity Name
TRI STATE TREE SERVICE, L.L.C.

Principal Place of Business Mailing Address
**10315 LILLIAN HWY
PENSACOLA FL 32506** **P.O. BOX 36220
PENSACOLA FL 32516-6220**

2. Principal Place of Business 3. Mailing Address
10315 Lillian Hwy **P.O. Box 36220**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PENSACOLA, FLA. **PENSACOLA, FLA.**
Zip Country Zip Country
32506 **Escambia** **32516** **Escambia**

4. FEI Number Applied For
59-3678401 Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required
 7



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**WILLIAMS, WAYNE L
10315 LILLIAN HWY
PENSACOLA FL 32506**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Wayne Lloyd Williams DATE: 8-1-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, WAYNE 10315 LILLIAN HWY PENSACOLA FL 32506	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Wayne Lloyd Williams DATE: 8-1-03 DAYTIME PHONE #: 850 456-9944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (4/03)